

Crew Accident Notification

To the vessel operator and Sjúkratryggingar Íslands

 Sjúkratryggingar Íslands
Vínlandsleið 16
113 Reykjavík
Tel No. 515 0000
www.sjukra.is

Instructions: In accordance with Article 6 of Act No. 68/2000 on Maritime Accident Investigation, the captain, or his representative, shall notify of all accidents that occur on his vessel. The captain shall, immediately after the accident, fill out fields 1–31 of this notification and deliver to the vessel operator. The vessel operator shall complete the rest of the form and send it to Sjúkratryggingar Íslands together with the appropriate documentation. The notification must be completed in detail, even if the questions do not apply to the accident, and must be sent immediately to Sjúkratryggingar Íslands in the event of a covered accident.

The injured party

| | | |
|---------------------------|-------------------|--------------|
| 1. Name | | 2. ID No. |
| 3. Address | 4. Post code | 5. City/Town |
| 6. Home/Mobile/Work phone | 7. E-mail address | 8. Status |

About the vessel

| | | | |
|--|-------------|--|------------------------------|
| 9. Name of vessel, distinguishing code and port of registry | | 10. Vessel Registration No. | 11. Gross tonnage |
| 12. Type of vessel <input type="checkbox"/> Fishing vessel <input type="checkbox"/> Merchant vessel <input type="checkbox"/> Coast guard <input type="checkbox"/> Other, which? | | 13. Type of fishing gear if fishing vessel | |
| 14. Vessel operator | 15. Address | | 16. Where legally registered |
| 17. Captain's name | | 18. ID No. of operator | 19. Home/Mobile/Work phone |

Accident circumstances

| | | | |
|--|--|---|---|
| 20. When the accident occurred (day, month, year, time) | | 21. The accident occurred <input type="checkbox"/> During working hours <input type="checkbox"/> Outside working hours / leisure time | 22. Was a physician consulted? (when) |
| 23. Location of vessel when accident occurred <input type="checkbox"/> En route <input type="checkbox"/> Fishing <input type="checkbox"/> In harbour, which? <input type="checkbox"/> Elsewhere, where? | | | |
| 24. The accident occurred <input type="checkbox"/> On deck <input type="checkbox"/> Engine room <input type="checkbox"/> In hold <input type="checkbox"/> On falling overboard <input type="checkbox"/> Elsewhere, where? | | | |
| 25. Exact description of events leading up to the accident and the circumstances, including the weather | | | To be filled in by Sjúkratryggingar Íslands – determination of accident insurance |
| 26. What measures were taken? <input type="checkbox"/> Helicopter <input type="checkbox"/> Physician came on board <input type="checkbox"/> Sailed to port, which? <input type="checkbox"/> Other, what? | | | |
| 27. Were there witnesses to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Name and telephone Nos. of witnesses | | |

Fatality

| | |
|----------------------------|--|
| 29. Date and time of death | 30. Name and address of closest relative |
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|--------------------|---------------------|
| 31. Place and date | Captain's signature |
|--------------------|---------------------|

Additional information on accidents liable for compensation

The injured party

| | | |
|--|---|---------------|
| 32. Did the injured cease work immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No | 33. If not, when? | |
| 34. From what treatment entities (physicians, physical therapists, etc.) has the injured been receiving treatment due to the consequences of the accident? | | |
| 35. Has the injured previously suffered an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | 36. If so, what accident and when? | |
| 37. Had he fully recovered? | 38. How long has the injured worked for the employer? | |
| 39. Does the injured receive wages while unable to work? | 40. If so, how much and to what date? | |
| 41. Is there any information that the injured enjoys any other compensation according to social insurance legislation? | | |
| 42. Children of the injured aged under 18, names | 43. ID Nos.: | 44. Residence |

| | |
|--|---|
| 45. Attachments | |
| <input type="checkbox"/> Medical certificate due to accident (injury certificate) –from the physician or medical centre / hospital from which the injured first sought help <input type="checkbox"/> Copy of sea trials or police report <input type="checkbox"/> Receipts/invoices for paid-out medical costs <input type="checkbox"/> Paid to employer <input type="checkbox"/> Paid to injured party Other | <input type="checkbox"/> Catch records, wage calculations and settlement receipt <input type="checkbox"/> Summary from vessel log <input type="checkbox"/> Death certificate, if fatality |

Note that the application will not be processed until after medical certificates have been delivered.

By attaching his/her signature, the applicant permits Sjúkratryggingar Íslands to obtain the necessary information from the tax authorities and necessary medical information.

| | |
|-----------------------|--------------------------------|
| 46. Place and date | Signature of the injured party |
| 47. Deposited to bank | |
| Bank | Acc. type. Account No. |

Signature of the vessel operator

| | |
|---|----------------------------------|
| 48. Place and date | Signature of the vessel operator |
| 49. Deposited to bank | |
| Bank | Acc. type. Account No. |
| 50. Stamp and ID No. of vessel operator | |

All accidents for which compensation must be paid must be notified immediately and within one year from the date of the accident at the latest.

The one-year deadline, however, may be waived according to Regulation No. 356/2005 on the notification deadline for accidents.